#### **Application Data Sheet**

## **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

PDZ Domain Interactions and Lipid Rafts

Attorney Docket Number::

020054-002310US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

3

**Total Drawing Sheets::** 

23

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Peter

Middle Name:: S.

Family Name:: Lu

Name Suffix::

City of Residence:: Mountain View

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 99 East Middlefield Road, No. 29

City of Mailing Address:: Mountain View

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94043

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Spain

Status:: Full Capacity

Given Name:: Chamorro

Middle Name:: Somoza

Family Name:: Diaz-Sarmiento

Name Suffix::

City of Residence:: Palo Alto

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 180 Emerson Street

City of Mailing Address:: Palo Alto

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Middle Name::

Family Name:: Seed

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence::

Street of Mailing Address:: Massachusetts General Hospital

Postal Address Line Two:: Molecular Biology

Postal Address Line Three:: 55 Fruit Street

City of Mailing Address:: Boston

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Ramnik

Middle Name::

Family Name:: Xavier

Name Suffix::

City of Residence:: Boston

State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: Massachusetts General Hospital

Postal Address Line Two:: Gastrointestinal Unit, Jck 7

Postal Address Line Three:: 55 Fruit Street

City of Mailing Address:: Boston

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bryan

Middle Name:: Allen

Family Name:: Irving

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 587 Arkansas Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94107

## **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Designation:: Representative Number:: Representative Name::

Primary 30,223 William M. Smith

Associate 42,271 Scott L. Ausenhus

Associate 41,303 Andrew T. Serafini

# **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Non-Provisional of 60/269,523 02/16/01
This Application Non-Provisional of 60/269,522 02/16/01

This Application Non-Provisional of 60/269,522 02/16/01
This Application Non-Provisional of 60/269,694 02/16/01